

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 753542 (0) 1. Corporation Name LAKE WALES CARE CENTER, INC.	
Principal Place of Business 200 E. ORANGE AVENUE LAKE WALES FL 33853	Mailing Address 200 E. ORANGE AVENUE LAKE WALES FL 33853-3734



3. Date Incorporated or Qualified 07/30/1980		3a. Date of Last Report 03/19/1996	
4. FEI Number 59-2015847		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
QUAM, ROBERT 200 E ORANGE AVE. LAKE WALES FL 33853				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRAWAY, SARAH	1.2 NAME	MANLEY, ALICE
STREET ADDRESS	149 E STRAURT AVE	1.3 STREET ADDRESS	510 Crescent Circle
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGER, DONNA	2.2 NAME	BARRINGER, DONNA
STREET ADDRESS	1117 VONCILE	2.3 STREET ADDRESS	1117 Voncile
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARLIER, MARK	3.2 NAME	PARLIER, MARK
STREET ADDRESS	843 CAMPBELL AVE.	3.3 STREET ADDRESS	843 Campbell Av
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLETON, CURT	4.2 NAME	TEMPLETON, CURT
STREET ADDRESS	3441 HARBOR BEACH DR.	4.3 STREET ADDRESS	3441 Harbor Beach Dr
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	HALL, GREG
STREET ADDRESS		5.3 STREET ADDRESS	5301 US Hwy 27S
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added as an attachment with an address.

SIGNATURE: _____ DATE: 1/22/97 DAYTIME PHONE: (941) 676-6678

CR2E037 (9/96)